

**PRIVACY NOTICE**

All social security numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

## Employer's Certification of Wages for Re-Employed Retirees

Indiana Code IC 5-10.2-4-8 requires that retired members of the Public Employees' Retirement Fund (PERF) or the Teachers' Retirement Fund (TRF) who are re-employed in a PERF or TRF covered position and have not reached the Social Security normal retirement age, shall have their benefits stopped and shall begin making Annuity Savings Account contributions when their annual wages exceed \$35,000.

We certify that the following employee who is a retiree of the Public Employees' Retirement Fund has earned more than \$35,000 for the calendar years as of the payroll date indicated.

### STEP 1: Member Information (Please Print)

Social Security Number		Date (MM/DD/YYYY)	
First Name	MI	Last Name	
Position			

### STEP 2: Authorization to be Signed by Authorized Agent Only

We hereby certify that the above person is a retiree of the Public Employees' Retirement Fund, has been re-employed in a position covered by the Public Employees' Retirement Fund or the Teachers' Retirement Fund, that this employee is less than the Social Security normal retirement age and has earned more than \$35,000 as of the payroll date indicated. I certify that the employee listed shall begin making contributions to their Annuity Savings Account and that, as employer, we will forward those contributions to PERF or TRF as required by law and fund policies.

Signature of Authorized Agent	Printed Name of Authorized Agent
Title of Authorized Agent	Date
Name of Employer	Employer Account Number

Upon completion, please send this report to PERF: 143 West Market Street, Indianapolis, IN 46204.  
You may also fax this page: 317-234-1226. If you fax this page, PERF does not need the hard copy.